								Application or Docket Number						
	PATENT A	PPLICATIO Effect	RD	09/832396										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS							RATE		FEE	<b>7</b>	RATE	FE		
FOR			NUMBER FILED NUMB			ER EXTRA	BASIC FEE		355.00	/ OR	BASIC FEE	·710	00	
TOTAL CHARGEABLE CLAIMS			20 minus 20= *		*		X\$	X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			3 minus 3 = *				X40=		/		X80=			
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT							OR	i			
* If the difference in column 1 is less than zero, enter "0" in co						olumn 2		35=		OR OR	+270=			
CLAIMS AS AMENDED - PART II								TOTAL			OTHER THAN			
5	(Column 1) (Column 2) (Column 3)						SM	SMALL ENTITY			SMALL ENTITY			
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI <sub>7</sub> TIONAL FEE		RATE	AD TIO	NAL	
AMENDMENT A	Total	· 20	Minus	··/X	$\overline{}$	= /-	X\$	9=		OR	X\$18=		N.	
	Independent	· 73	Minus	*** 2	3	=	X4	0=		OR	X80=			
	FIRST PRESE	NTATIÓN OF M	JLTIPLE DEP	ENDEN	Γ CLAIM			 35=		1	+270=			
								OTÁL		OR	TOTAL			
(Column 1) (Column 2) (Column 3)								. FEE		OR	ADDIT. FEE			
В	and the second	CLAIMS REMAINING	HIGHE NUMB		IEST IBER	PRESENT	B/	TE	ADDI- TIONAL	7	RATE	AD	DI- NAL	
DMENT		AFTER AMENDMENT		PREVIOUSLY PAID FOR		EXTRA			FEE	1	NAIL		EE	
AMENDA	Total	*	Minus	**		=	X\$	X\$ 9=		OR	X\$18=	18=		
	Independent	* NTATION OF M	Minus	***	T CLAIM	= '	X4	X40=		OR		X80=		
	FINOT FRESE	NIAHON OF W	OLIIPLE DEP	CINDEIN	CLAIIVI		+1:	35=		OR	+270=			
								OTAL . FEE		OR	TOTAL ADDIT. FEE			
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=			
	Independent	*	Minus	***	T 01 111	=	X4	0=		OR	X80=	7		
Ļ	FIRST PRESE	NTATION OF M	OLHPLE DEF	'ENDEN	i CLAIM		1 1-1-1	35-			+270=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	TOTAL	_		
**1	If the "Highest Nu If the "Highest Nu The "Highest Num	mber Previously F	aid For" IN THI	S SPACE	is less tha	an 3, enter "3."	" ADDIT	FEE	propriate h	JOR	ADDIT. FEE			